Eur J Vasc Endovasc Surg **31**, 562–563 (2006)
doi:10.1016/j.ejvs.2005.12.021, available online at http://www.sciencedirect.com on SCIENCE DIRECT®

CORRESPONDENCE

Prophylactic Endovascular Repair of Small Abdominal Aortic Aneurysm

We read with great interest the article by Zarins *et al.*[1] They reviewed all patients with small abdominal aortic aneurysm treated with a stent graft in the multicenter AneuRx clinical trial. A subgroup of patients who met the age and aneurysm size inclusion criteria of the UK Small Aneurysm Trial (EVARmatch) were compared to the published results of the surveillance patient cohort of the UK Small Aneurysm Trial. While EVAR trials 1 and 2 suggested endovascular repair may have no advantage over open repair (for patients considered fit for open repair) or no intervention (for patients of poor health status considered unfit for open repair) with regard to overall survival, this form of treatment has been advocated for small abdominal aortic aneurysms.[2–4] Zarins *et al.* made every effort to match the AneuRx small aneurysm patient population to the inclusion criteria of the UK Small Aneurysm Trial, but there were important differences between the EVARmatch and UK surveillance groups with respect to age, comorbidities and gender distribution. It would be interesting to know morbidities, including total or fatal ruptures and aneurysm related or all-cause deaths, adjusted for age, comorbidities, and gender. Although we greatly appreciate the 'virtual' randomized controlled trial by Zarins *et al.*, we strongly support an 'actual' trial of open *versus* endoluminal repair of small aortic aneurysms.

H. Takagi*, T. Umemoto
Department of Cardiovascular Surgery, Shizuoka Medical Center, 762-1 Nagasawa, Shimizu-cho, Sunto-gun, Shizuoka 411-8611, Japan
E-mail address. kfgth973@ybb.ne.jp

References

1 Zarins CK, Crabtree T, Arko FR, Heikkinen MA, Bloch DA, Ouriel K *et al*. Endovascular repair or surveillance of patients with small AAA. *Eur J Vasc Endovasc Surg* 2005;**29**:496–503.
2 EVAR Trial Participants. Endovascular aneurysm repair *versus* open repair in patients with abdominal aortic aneurysm (EVAR trial 1): randomised controlled trial. *Lancet* 2005;**365**:2179–2186.
3 EVAR Trial Participants. Endovascular aneurysm repair and outcome in patients unfit for open repair of abdominal aortic aneurysm (EVAR trial 2): randomised controlled trial. *Lancet* 2005; **365**:2187–2192.
4 Takagi H, Umemoto T. Endovascular repair of abdominal aortic aneurysm. *Lancet* 2005;**366**:890.

*Corresponding author. Dr H. Takagi, MD, PhD, Department of Cardiovascular Surgery, Shizuoka Medical Center, 762-1 Nagasawa, Shimizu-cho, Sunto-gun, Shizuoka 411-8611, Japan.

Accepted 23 December 2005
Available online 14 February 2006

doi:10.1016/j.ejvs.2005.12.020, available online at
http://www.sciencedirect.com on SCIENCE DIRECT®

EJVES: Response to Letter to the Editor—December 6, 2005
Endovascular Repair or Surveillance of Patient with Small AAA

Dear Editor

We agree with Drs Takagi and Umemoto that endovascular repair of small abdominal aortic aneurysms appears to improve outcome compared to ultrasound surveillance and that a prospective randomized trial will be needed to confirm this hypothesis. Our comparison of a matched cohort of patients with small aneurysms treated with endovascular repair in a prospective clinical trial to patients with small aneurysms randomized to surveillance in the UK small aneurysm trial does not constitute a 'virtual' randomized controlled trial. However, it does provide evidence that early endovascular repair of small aortic aneurysms may reduce the risk of fatal aneurysm rupture and aneurysm-related death and improve overall patient survival compared to ultrasound surveillance.[1]

As Dr Takagi notes, there were important differences between the EVARmatch and UK surveillance groups with respect to age, comorbidities and gender. Patients treated with EVAR were older, had more comorbidities and had larger

1078–5884/000562 + 02 $35.00/0